

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M96000000499**

1. Entity Name
AUTUMN PINE APARTMENTS L.L.C.

Principal Place of Business

3900 OLD SUNBEAM RD
JACKSONVILLE FL 32257

Mailing Address

B & M MANAGEMENT CO
P O BOX 241402
MONTGOMERY AL 36124-1402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Autumn Pine Apts.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 32382

City & State
Jacksonville FL

City & State

Zip

32237

Country

US

Zip

Country

4. FEI Number

63-1185189

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name *Autumn Pine Apts.*
Street Address (P.O. Box Number is Not Acceptable) *3857 Hawthorne Rd Apt 94*
City *Jacksonville* **FL** Zip Code *32257*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	BLANCHARD, JOHN D	9842 WYNCREST CIRCLE	MONTGOMERY AL 36117	<input type="checkbox"/>
MGRM	MILLER, SAMUEL L	9842 WYNCREST CIRCLE	MONTGOMERY AL 36117	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*****50.00 *****50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Deborah J. Fiquiera* Date: *4/28/00* Daytime Phone #: *384-285-1411*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

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